



**The Frank J. Anderson Military Legislative Program  
Office of Senator Joe Donnelly**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Current Address (If Different): \_\_\_\_\_  
(Street) (City) (State) (Zip)

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you an active service member or veteran of a US Armed Services branch? \_\_\_\_\_

If a member or veteran, which branch? \_\_\_\_\_

If a veteran, were you honorably discharged? \_\_\_\_\_

Date joined? (If applicable) \_\_\_\_\_ Date of separation? (If applicable) \_\_\_\_\_

Which term are you applying for?

Fall (September 2017 – December 2017) \_\_\_\_\_

Spring (January 2017 – May 2017) \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

• Major/Minor: \_\_\_\_\_ GPA (if applicable): \_\_\_\_\_

Graduate/Law School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

• Major/Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

**BACKGROUND INFORMATION**

**For the following sections, you may include additional pages when necessary**

Describe your long-term career goals:

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Please list your activities/interests you enjoy:

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Please list any involvement in community service:

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How did you learn about the Frank J. Anderson Military Legislative Program? (*Social media, friend, professor, college counselor, other*)

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Other areas of interest: (*Please check all that apply*)

Agriculture \_\_

Labor\_\_

Housing \_\_

Budget \_\_

Business\_\_

Healthcare \_\_

Education\_\_

Immigration \_\_

Other: \_\_\_\_\_

Economy\_\_

Energy \_\_

Transportation\_\_

Environment \_\_

### WRITING SAMPLE

*What skills and experience do you hope to gain by being selected for the Frank J. Anderson Military Legislative Program and how do you believe your time spent working in a Congressional office will help shape your future career and life goals?*

*Please turn the application over to complete the last page*

**Disclosure**

Have any disciplinary or administrative actions been taken against you or are any pending?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted by a military court-martial? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a security clearance suspended, denied or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor offense? The applicant should omit traffic fines of \$100 or less, any conviction set aside under the Federal Youth Corrections Act or similar state law, and any conviction whose record was expunged under federal or state law. Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to any questions above, please provide an explanation on a separate page and a "Yes" answer will not necessarily disqualify you from a legislative program.

If selected for a paid legislative program, I could truthfully certify one of the following: (1) I am a United States citizen; or (2) I am lawfully admitted for permanent residence and am seeking citizenship as outlined in 8 U.S.C. § 1324b(a)(3)(B); or (3) I am (i) admitted as a refugee under 8 U.S.C. § 1157 or granted asylum under 8 U.S.C. § 1158 and (ii) I have filed a declaration of intention to become a lawful permanent resident and then a citizen when eligible; or (4) I owe allegiance to the United States under the law.

See Pub L. 111-117 § 704 (Dec. 16, 2009). Yes \_\_\_\_\_ No \_\_\_\_\_

**Participation in the E-Verify Program**

The law requires this office to comply with the E-Verify Program established by the Department of Homeland Security (DHS) and the Social Security Administration (SSA). If you are selected by our Office for a paid legislative program or will receive other remuneration from our Office, the Office will verify with the DHS and the SSA that you are eligible for employment in the United States.

**Certification**

*My statements on this form and on all of my application materials are true to the best of my knowledge and belief. I understand that knowingly making false statements will lead to the rejection of my application or removal from the fellowship program.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN APPLICATION**

Include your application, resume, writing sample and two letters of recommendation.

Please submit your application on-line to [ellen\\_webne@donnelly.senate.gov](mailto:ellen_webne@donnelly.senate.gov) or fax it to 202-224-5011. Due to delays in processing of postal mail sent to Washington DC, please do not mail in your application.